



# PURCHASE ORDER

**DELIVERY DUE DATE:** 09 NOV 2024

Procurement Unit  
Tel. No.: 045-606-8142/606-8157

Supplier: **LTE BIOMEDICAL SOLUTIONS**  
Address: **Road 6 Del Rosario, San Fernando City, Pampanga**  
Type of Business: **Merchandising**  
TIN No.: **258-281-752-000 VAT Reg.**  
Tel. No.: **0965-193-5770**

PR No.: **2024-06-260**  
PO No.: **2024-602**  
Date: **9/27/2024**  
Mode of Procurement: **Small Value**

Gentlemen:

Please furnish this office the following articles subject to the terms and conditions contained herein:

Place of Delivery: **TARLAC STATE UNIVERSITY**  
Date of Delivery:  
Delivery Term: **30 Calendar days**  
Payment Term: **N/30**

Item No.	Unit	Description	Quantity	Unit Cost	Total Cost
3	tablet	ANTACID, Peridon Generic, Domperidone, Exp. Date not less than 1 1/2yrs	100	3.25	325.00 ✓
9	nebulas	ANTI-ASTHMA, Salbusaph Generic, Salbutamol Nebules, Exp. Date not less than 1yr	100	13.50	1,350.00 ✓
13	cap	ANTIBIOTIC, Clingen Generic, Clindamycin, 300mgs, Exp. Date not less than 1yr	500	7.50	3,750.00 ✓
18	tablet	ANTIHISTAMINE, Retanix Generic, Cetirizine, 10mg	600	3.00	1,800.00 ✓
19	amp	ANTIHISTAMINE, Diphenhydramine, Exp. Date not less than 1 1/2 yrs	20	56.00	1,120.00 ✓
23	cap	ANTI-INFLAMMATORY, Emicox Generic, Celecoxib, 200mgs, Exp. Date not less than 1 1/2yrs	800	7.50	6,000.00 ✓
27	caplet	ANTIPYRETIC, Ranigesic Generic, Paracetamol, 500mgs, Exp. Date not less than 2 1/2yrs	2500	3.50	8,750.00 ✓
32	tablet	ANTISPASMODIC, Hyosaph Generic, Hyoscine, N-Butyrbromide, 10mg, Exp. Date not less than 2yrs	400	7.50	3,000.00 ✓
34	tablet	ANTI-VERTIGO, Meclizsaph, Meclizine, Exp. Date not less than 2yrs	200	3.75	750.00 ✓
43	bottle (s)	EYE DROP, Consac, Tobramycin, Exp. Date not less than 1 1/2yrs	5	215.75	1,078.75 ✓
44	tube	EYE DROP, Eye Pro Red, Visine (refresh), Exp. Date not less than 1 1/2yrs	10	98.75	987.50 ✓
51	tube	OINTMENT, Sofinnox, Sodium Fusidate, Exp. Date not less than 1 1/2yrs	5	315.00	1,575.00 ✓
53	softgel	PAIN RELIVER, Fevral Generic, Ibuprofen, 200mg, Exp. Date not less than 1yr	200	5.00	1,000.00 ✓
58	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for Irrigation, 1000ml	5	95.00	475.00 ✓
59	bottle (s)	SOLUTION, 0.9% Sodium Chloride Solution for IV Infusion, 1000ml	3	95.00	285.00 ✓
60	bottle (s)	SOLUTION, 5% Dextrose in lactated ringer's solution for IV Infusion, 1000ml	3	95.00	285.00 ✓
64	cap	VITAMINS, Ascorsaph Generic, Sodium Ascorbate/Ascorbic Acid with Zinc, Exp. Date not less than 1 1/2yrs	1000	4.50	4,500.00 ✓
***** Purpose: Medicines - APP 2nd Quarter 2024					<b>37,031.25</b>

(Total Amount in Words) Thirty-Seven Thousand Thirty-One Pesos and Twenty-Five Centavos Only

Warranty shall be for a period minimum of Three (3) months for expendable supplies, or a minimum period of one (1) Year for non-expendable supplies. In case of failure to make full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent for every day of delay shall be imposed

Conforme: *WIDEWITE L. MENDOZA*

10/10/2024

Very truly yours,

**DR. ARNOLD E. VELASCO**  
President

Authorized Officer

**LTE BIOMEDICAL SOLUTIONS**  
(Signature over printed name & date)

Bank Account Name: LTE BIOMEDICAL SOLUTIONS  
Bank Account Number: 9920-0035-99  
Bank Name: BANK OF THE PHILIPPINE ISLANDS  
Bank Address: SAN FERNANDO CITY, PAMPANGA



Funds Available:  
**JASPER A. FLORES CPA**  
Budget Officer

ALOBS No.: **02-20644-2024-10-3199**  
Amount: **₱ 37031.25**





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Very truly yours,

DR. ARNOLD E. VELASCO

President

Authorized Official

**LTE BIOMEDICAL SOLUTIONS**

(Signature over printed name & date)

Bank Account Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Funds Available:

JASPER A. YAUDER, CPA

Budget Officer



ALOS No.: 02-206441-2024-10-2199

Amount: ₱37031.25